

Foster Family Home - Corrective Action Report

Provider ID: 4-110054

Home Name: Jerome Ulep, CNA

557 Kaulana Street

Kahului HI 96732

Review ID: 4-110054-6

Reviewer:

Begin Date: 1/29/2016

End Date:

1/29/16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit on 1/29/16 to 3 bed home. All requirements met at time of visit. Home eligible for 2 year 3 bed certificate.

Compliance Manager



Primary Care Giver

1/29/16
Date

1/29/16
Date